

Health Department, City of Baltimore.

Permit No. A 581 Office of Registrar of Vital Statistics.

Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Can

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 20 Years, 20 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Matron

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Madison

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } St. Louis Hospital

Cause of Death, { First (Primary), Second (Immediate), } Debility

Duration of Last Sickness, Week

All the above information should be furnished by the Physician

Place of Burial, Fountain Park

Date of Burial, June 24

Undertaker, C. F. Gowan

Medical Attendant.

Place of Business, 1137 Penn Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

A 582

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 23^d 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Bauer

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

/ Years,

9 Months,

Days.

Color,

white

Married, Single, ~~Widow~~ or ~~Widower~~

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto. City

Duration of Residence in the City of Baltimore,

since born

Place of Death,

{ Give Street and Number. }

1601 Bethel Court.

Cause of Death,

{ First (Primary),

Second (Immediate),

Scarlatina

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

Holy Redeemer

Date of Burial,

June 24th

{ Undertaker,

H. Dippel

J. G. Dausch M. D.

Medical Attendant.

{ Place of Business,

330 S. Bond

Address, 1727 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 583

Office of Registrar of Vital Statistics.

Ward 8^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr. Albert Fields

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months, 17 Days

Color, Coloured

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give Street and Number. } 292 Indoes Alley

Cause of Death, { First (Primary), Second (Immediate), } Whooping Cough, Teething, & Vaccination
Marasmus

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24th 1887

Undertaker, J. B. Hummer M. D.

Medical Attendant.

Place of Business, 212 Franklin St Address 212 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 584 Office of Regional Hospital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harmon E. Garret

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 11 Months, 11 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Batu City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1742 Orleans St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, June 24. 1887

{ Undertaker, Wm. D. Hickman Medical Attendant, Wm. D. Hickman

{ Place of Business, 2340 N. Gay Address, 403 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

585

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within four hours after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Luke Whalen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Schoolboy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Was accidentally drowned while bathing at Winans Cove.

Cause of Death, {First (Primary), Second (Immediate),} Drowning, Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, June 26th 1887

Undertaker, C. P. Mause & Son

Place of Business, 703 Hanover

Frank J. Flannery M. D.

Coroner Medical Attendant

Address, 1701 Dr. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 586 Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24

Full Name of Deceased, Sylvester Ogden
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 4 Years, 4 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, City

Birth Place, B. City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 4 Years, 4 Months, 4 Days.

Place of Death, 48 E. Henrietta St.
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 25th 1887

Undertaker, C. F. Hanser

Place of Business, 713 Hanover Address, 915 Light

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

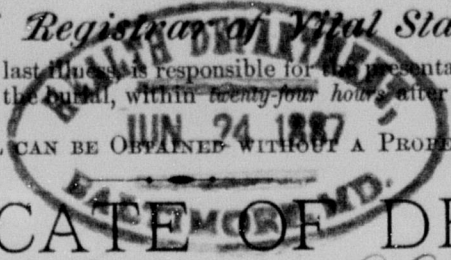
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 589 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

(No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.)



CERTIFICATE OF DEATH.

Date of Death, June 23 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ebenzer Co Naviland

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 Years, 4 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Builder

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Litt field Eng Conn Native

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give Street and Number. } 1514 Harlem Ave.

Cause of Death, { First (Primary), Second (Immediate), } Heart Disease

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Friends Burying Ground (Harford Road)

Date of Burial, June 25/87

Undertaker, Wm Weaver Edward J London M. D. Medical Attendant.

Place of Business, 738 N. Eutan Address, 1122 N. Mount st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. **A 588**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. **a**

CERTIFICATE OF DEATH.

Date of Death, **June 23^d**

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **Richard R Quigley**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **8** Years, **8** Months, **✓** Days.

Color, **Gold** Sex, **✓**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, **new no 315 Chestnut St door sent of Gay St**

Birthplace, { State or country (and how long in the United States, if of foreign birth. } **315 Chestnut St New no**

Duration of Residence in the City of Baltimore, **2 days**

Place of Death, { Give street and number. } **315 Chestnut St New no**

Cause of Death, { First (Primary,) Second (Immediate,) } **measles Cholera morbus**

Duration of Last Sickness, **2 days**

All the above information should be furnished by the Physician.

Place of Burial, **Samuel Barnett** **Richd Sappington** M. D.

Date of Burial, **June 24th 1887** Medical Attendant.

{ Undertaker, **monahan** Address **new no 330 St Gay St**

{ Place of Business, **46 East St**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Health Department, City of Baltimore.

Permit No. A 589 Office of Registrar of Vital Statistics.

Ward 7 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August H. Stieb

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 28 Years, 10 Months, 23 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Blacksmith

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give Street and Number. } 1203 N. Durham St.

Cause of Death, { First (Primary), Second (Immediate), } Consumption (Tubercular)

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 26th

Undertaker, Geoschilling

Place of Business, Ashland Ave.

W. S. Brown M. D. Medical Attendant.

Sept 1st 1887

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

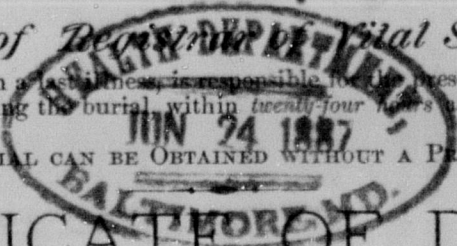
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the following, and to the fact that this Certificate is required for the burial of the deceased.

Health Department, City of Baltimore.

Permit No. A 590 Office of Registration & Vital Statistics. Ward 11th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cornelia Simpson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Cambridge Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } Biddle Alley # 551

Cause of Death, { First (Primary), Second (Immediate), } Disease of the heart - Death Sudden

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 24 1887

Undertaker, Hercules Ross LC Sparrow M. D.

Place of Business, 404 Con We St Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]